

02/24/00

02-25-00

JC759 U.S. PTO

Please type a plus sign (+) inside this box → PTO/SB/05 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. TSRI..184.2Con4

First Inventor or Application Identifier Hein

Title TRANSGENIC PLANTS EXPRESSING ASSEMBLED

Express Mail Label No. EL193835498US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 125]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 8]

4. Oath or Declaration [Total Pages 4]

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable Copy
- b. Paper Copy (identical to computer copy)
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))

9. 37 C.F.R. §3.73(b) Statement
(when there is an assignee) Power of Attorney

10. English Translation Document (if applicable)

11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

12. Preliminary Amendment

13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. Small Entity Statement(s) Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Other: Certificate of Express Mail

** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).*

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No. 09 / 199,534

Prior application information: Examiner T. Haas Group / Art Unit: 1649

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

Name	Thomas E. Northrup THE SCRIPPS RESEARCH INSTITUTE			
Address	10550 North Torrey Pines Road, Mail Drop: TPC-8			
City	La Jolla	State	CA	Zip Code
Country	US	Telephone	(619) 784-2937	Fax (619) 784-9399

Name (Print/Type)	Thomas E. Northrup	Registration No. (Attorney/Agent)	33,268
Signature	Thomas E. Northrup	Date	2/24/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC759 U.S. PTO
02/24/00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

1,596.00

Complete if Known

Application Number			
Filing Date	February 24, 2000		
First Named Inventor	Hein		
Examiner Name			
Group / Art Unit			
Attorney Docket No.	TSRI 184.2Con4		

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 19-0962

Deposit Account Name

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	Utility filing fee	690
106	310	Design filing fee	
107	480	Plant filing fee	
108	690	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$)

690.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
66	-20** = 46	x 18	828
Independent Claims	4	- 3** = 1	x 78 = 78
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	Claims in excess of 20	
102	78	Independent claims in excess of 3	
104	260	Multiple dependent claim, if not paid	
109	78	** Reissue independent claims over original patent	
110	18	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

906.00

· Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

Complete (if applicable)

SUBMITTED BY			
Name (Print/Type)	Thomas E. Northrup	Registration No. (Attorney/Agent)	33,268
Signature	<i>Thomas E. Northrup</i>		
	Date	2/24/00	

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.